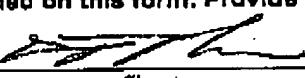


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)				Docket No. JEN-0111-P
Applicant(s): Jin, et al.		Filing Date September 19, 2003	Examiner Sanders	Group Art Unit 1714
Invention: DENTAL COMPOSITE MATERIALS AND METHOD OF MANUFACTURE THEREOF				
RECEIVED CENTRAL FAX CENTER				
DEC 06 2005				
<p>I hereby certify that this <u>Amendment Transmittal (1pg) and Arndment (19pgs)</u> <small>(Identify type of correspondence)</small> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>December 6, 2005</u> <small>(Date)</small></p>				
<p><u>Tasia Hansen</u> <small>(Typed or Printed Name of Person Signing Certificate)</small> <u>Jasen Hansen</u> <small>(Signature)</small></p>				
<p>Note: Each paper must have its own certificate of mailing.</p>				

AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Jin, et al.				Docket No. JEN-0111-P	
Application No. 10/665,391	Filing Date September 19, 2003	Examiner Sanders	Customer No. 23,413	Group Art Unit 1714	Confirmation No. 4214
Invention: DENTAL COMPOSITE MATERIALS AND METHOD OF MANUFACTURE THEREOF					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35 -	35 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	2 -	2 -	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 <i>Yong Zhao</i> Signature					
Dated: December 6, 2005					
 <i>Tasia Hansen</i> Signature of Person Mailing Correspondence					
<i>Tasia Hansen</i> Typed or Printed Name of Person Mailing Correspondence					
P116NALL/REV09					

JEN-0111-P

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jin, et al.)
Serial No.: 10/665,391) Group Art Unit: 1714
Filed: September 19, 2003)
For: DENTAL COMPOSITE)
MATERIALS AND METHOD OF)
MANUFACTURE THEREOF)

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VIA FACSIMILE: 571-273-8300
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

This Amendment and Response is submitted in response to the Office Action dated September 6, 2005. Please reconsider the Application in light of the following amendments and remarks.